

## AUTHORIZED REINSURERS

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**REQUIRED FILINGS IN THE STATE OF:** \_\_\_\_\_ **Filings Made During the Year 2005**

(1) Check- list	Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES	(5) DUE DATE	(6) FORM SOURCE	(7) APPLICABLE NOTES
		<b>I. NAIC FINANCIAL STATEMENTS</b>				
	1	Annual Statement (8 ½"X14")	1	3/1	NAIC	H(a), I, J, K (b)
	2	Quarterly Financial Statement (8 ½" x 14")	1	5/15,8/15,11/15	NAIC	H(a), I, J, K
		<b>II. NAIC SUPPLEMENTS</b>				
	3	Actuarial Certification	1	3/1	COMPANY	K (b)
	4	Management Discussion & Analysis	1	4/1	COMPANY	K(b)
		<b>III. AUDITED FINANCIAL STATEMENTS</b>				
	5	Accountants Letter of Qualifications	1	6/1	COMPANY	K(b)
	7	Audited Financial Statements	1	6/1	COMPANY	K(b)
	8	Report of Significant Deficiencies in Internal Controls	1	6/1	COMPANY	N
	8	Request for Exemption to File	1	5/1	COMPANY	J
	9	Request to File Consolidated Audited Financial Statements	1	5/1	COMPANY	J
		<b>IV. STATE REQUIRED FILINGS</b>				
	10	Application for Approval as an Authorized Reinsurer	1	3/1	STATE	K
	11	Certificate of Authority/Compliance from state of domicile	1	3/1	COMPANY	H(b)
	12	Certificate of Deposit from state of domicile	1	3/1	COMPANY	H(b)